**Attachment A**

**2009 Focus Groups – Evaluate and Improve Current Resources**

As part of its 2009 H1N1 influenza response, CDC posted *Guidance for State and Local Health Officials and School Administrators for School Responses to Flu during the 2009-2010 School Year* on its web site (http://cdc.gov/h1n1flu/schools/schoolguidance.htm). This guidance recommended actions that K-12 audiences should take to decrease the spread of flu and to help maintain continuity of operations during the 2009–2010 flu season. The guidance also suggests strategies K-12 schools should consider if CDC determines that flu is becoming more severe. An accompanying resource, *Preparing for Flu: A Communications Toolkit for Schools (Grades K-12)* (http://cdc.gov/h1n1flu/schools/toolkit/), was created to provide information and communication tools to help K-12 administrators, staff, parents, and students implement recommendations found in the guidance.

Due to time constraints, a needs assessment was not conducted prior to the development of the guidance or the toolkit. In February 2010, in partnership with the Oak Ridge Institute for Science and Education (ORISE), CDC's Community Mitigation Unit (CMU) (CMU later became the Community Interventions for Infection Control Unit (CIICU) in the Division for Global Migration and Quarantine (DGMQ)) conducted focus groups with four K-12 target audiences as part of a larger needs assessment to evaluate and improve current resources, as well as to possibly create new ones. CMU also conducted an in-depth discussion with K-12 opinion leaders who are responsible for accessing and disseminating health information to K-12 audiences.

In February and March 2010, the CDC sponsored 12 national online focus group sessions using web cameras— three sessions were conducted with each of the four target audiences. Target audiences were selected based on their perceived roles in responding to 2009 H1N1 influenza and other public health events in K-12 schools. The audiences were:

- Administrators and Superintendents
- School Nurses
- Teachers
- Parents

Fifty-six adults, from 56 different municipalities in 26 states participated in the focus groups. Each session included four or five participants from a mix of schools varied by:

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| Type | 39 public schools, 11 private schools and 6 charter schools |
| Age ranges served | 15 elementary only, 4 junior-high only, 6 high school only, and 31 serving a mix of elementary, junior-high, and high school age groups |
| Races/ethnicities served | 1/3 served predominately (over 50%) African-American students; 1/3 served predominately Hispanic students; and 1/3 served predominately Caucasian students Socioeconomic groups served: 29 schools met criteria for Title I federal assistance and 27 did not |
| Urban, rural, and suburban locations | 21 urban and inner city schools, 17 rural schools, 18 suburban schools |

A professional recruitment firm contacted potential participants, administered a screening questionnaire, and invited those who qualified to participate in a confidential online discussion group using web cameras. Participants received a web camera and cash incentive. All sessions were 90 minutes.

Focus group findings show that K-12 audiences responded favorably to the majority of Guidance and Fact Sheets geared to current responses and had looked for these types of materials during the H1N1 pandemic.

Recommendations included the creating a severity index to more easily convey necessary actions for stages of a public health emergency, developing materials geared to young children, and modifying materials in accordance the guidance provided in the report on key language concepts.

**2011 Focus Groups – Evaluate Message Maps**

In an effort to further the Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine's (DGMQ) focus on preventing the introduction, transmission, and spread of communicable diseases, the Community Interventions for Infection Control Unit (CI-ICU) took part in a two-day message development session to craft messages about controlling the spread of pandemic influenza.

The session was attended by DGMQ scientists and health communication specialists in an effort to develop informative messages related to nonpharmaceutical interventions. The message maps were developed for particular audience segments such as business administrators, members of the general public, and parents with children in daycare and in kindergarten-12$^{th}$ grade (K-12).

The message mapping session produced 18 message maps. The messages were developed to inform materials development, promotional item development and web site content development for CI-ICU.

CI-ICU tasked the Oak Ridge Institute of Science and Education (ORISE) to conduct 18 focus groups in November 2011 to assess the effectiveness of the messages. A total of 99 people from the target audiences identified by CI-ICU participated.

Selected target audiences included staff and administrators at child care facilities, K-12 schools, and institutes of higher education (IHEs). Students and parents of children under the age of 18 were also intended audiences. For evaluation of those maps, participants were recruited who have a child or children under the age of 18 attending daycare, preschool, or K-12 outside the home.

For message maps pertaining to the implementation of flexible leave policies in the workplace, participants were recruited who are responsible for setting policies and making decisions regarding closing their place of work in the event of a natural disaster or other dangerous situations.

For message maps pertaining to isolation and quarantine practices, particularly staying home from work when ill, participants were recruited who work outside of the home.

All other maps were reviewed by members of the general public.

Overall, participants in the focus groups found CI-ICU's messages to be understandable and feasible. Through their discussion of the maps during the message testing process, participants demonstrated an understanding of the threat that pandemic influenza poses to themselves, their families and their communities, as well as a willingness to do their part to help slow the spread of flu.

Recommendations included revising messages to improve understanding of key concepts and to motivate audiences to use nonpharmaceutical interventions (NPIs). This can be accomplished by simplifying the language in some messages and by acknowledging the difficulty in carrying out some of the NPIs and providing suggestions for reasonable implementation.